

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 17, 1983

ALL-COUNTY INFORMATION NOTICE I-38-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATEMENTS OF AFDC MOTHER AND UNRELATED ADULT MALE (CA 71)

REFERENCE:

Attached is a copy of form CA 71, Statements of AFDC Mother and Unrelated Adult Male (formerly Form CA 293). The CA 71 was designed to accommodate a regulation change in the AFDC Program resulting from the North Coast Coalition court decision. The court ordered that the availability of the unrelated adult male's (UAM) income cannot be assumed, and that proof of the UAM's actual contribution is required.

The CA 71 is required to obtain information about the aided household's financial arrangements in all cases where the UAM is other than a roomer or boarder and is living with the family in which the mother is included as the needy caretaker. The completed form provides the eligibility worker with essential information relative to the actual amount of the UAM's contribution and assists in determining the amount of aid to which the household is eligible.

Input for the revision of the CA 71 was received from a variety of sources, including the AFDC County Forms Advisory Committee (CFAC). The content of the CA 71 reflects significant changes in format and language to provide for ease of completion and a more detailed breakout of the household's financial arrangement and needs expense. A "County Use Only" section has been added to the backside for entries of other relevant information such as, what items were verified, dates, etc.

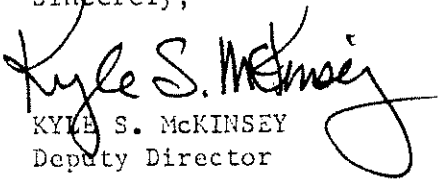
The current CA 293 and all previous versions will be obsolete when the CA 71 becomes available. Counties are to begin using the CA 71 when supplies are available from the DSS warehouse. We expect the Spanish version of the form to be available a month after the English version is completed. The attached copy is being provided for those counties wishing to print their own supply. Regular supplies may be obtained after July, 1983 by sending Form GEN 727B to the DSS Warehouse, P. O. Box 22429, Sacramento, CA 95822-3799.

If you have any suggestions or comments for future revision of the CA 71, contact the AFDC Forms Coordinator:

AFDC Forms Coordinator
AFDC Program Systems Bureau
744 P. Street, M.S. 16-31
Sacramento, CA 95814

If you need additional information regarding the implementation or use of the CA 71, please contact your AFDC Program Consultant at (916) 445-4458.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

STATEMENTS OF AFDC MOTHER AND UNRELATED ADULT MALE

A statement of financial arrangements must be made when an unrelated adult male is living with an Aid to Families with Dependent Children (AFDC) household in which the mother is included as the needy caretaker. An unrelated adult male other than a roomer or boarder residing with your family must contribute to your family an amount not less than what it would cost him to maintain an independent living arrangement as defined by the Department of Social Services.

COUNTY USE ONLY	
CASE NAME	
CASE NUMBER	
WORKER NAME	WORKER NUMBER

To: _____ County Welfare Department

AFDC MOTHER'S STATEMENT

I, _____, the undersigned, am the mother of one or more children for whom I am applying for or receiving AFDC. I have been informed of the requirements of the AFDC program with respect to an unrelated adult male who lives with an AFDC family. There is an unrelated adult male living with us. I submit the following information regarding him and the financial arrangements we have entered into:

- ① His name is (Print) _____
(FIRST MIDDLE LAST)
- ② He has been living with us since (Enter date) _____
- ③ To the best of my knowledge, he has monthly earnings and other income which total about \$ _____
If amount is not known, check here ☐ (GROSS INCOME)
- ④ He has monthly work-related expenses, including transportation, child care and mandatory payroll deductions, which total about \$ _____
- ⑤ The number of his dependents living with us is _____
- ⑥ He contributes \$ _____ each month to help me and my children with our housing, utilities, food and clothing expenses.
Explain how: _____
- ⑦ In addition to the amount in Item ⑥, he gives me \$ _____ each month to cover specific expenses.
Explain: _____

⑧ My monthly household expenses are:

Item	Total Cost	Amount I Pay	Amount He Pays	Paid To
Rent or House Payment	\$	\$	\$	
Utilities	\$	\$	\$	
Food	\$	\$	\$	
Clothing	\$	\$	\$	

9. There is an agreement between us to exchange one or more of the items in 8: ☐ Yes ☐ No

If Yes, explain:

I certify through my signature that each of the statements given is true and correct to the best of my knowledge and belief. I make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this statement of which I have been given notice subjects me to the penalties prescribed for perjury in the Penal Code by the State of California. I agree to tell the county welfare department at once when there are any changes in the facts presented in this statement.

SIGNATURE (OR MARK) OF AFDC MOTHER

DATE SIGNED

COUNTY WHERE SIGNED

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR APPLICANT/RECIPIENT

DATE SIGNED

UNRELATED ADULT MALE'S STATEMENT

I, the undersigned, acknowledge that I have been informed of the requirements of the AFDC program with respect to an unrelated adult male who lives with an AFDC family. I understand that the unrelated adult male (a) must by law contribute to the family each month an amount at least equal to the cost to him of living elsewhere in an independent living arrangement, in accordance with the standard set by the Department of Social Services; and (b) must by law sign a statement regarding his financial arrangements with the AFDC mother in whose home he is living; and (c) must be reported to the district attorney if he refuses to make the required contribution or refuses to sign the required statement.

The information requested above was entered on this statement before I signed my name.

I certify through my signature that each of the statements given is true and correct to the best of my knowledge and belief. I make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this statement of which I have been given notice subjects me to the penalties prescribed for perjury in the Penal Code by the State of California. I agree to tell the county welfare department at once when there are any changes in this statement while I am in the household.

SIGNATURE (OR MARK) OF UNRELATED ADULT MALE

DATE SIGNED

COUNTY WHERE SIGNED

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON COMPLETING FORM FOR THE UNRELATED ADULT MALE

DATE SIGNED

COUNTY USE ONLY